	STATE TUITION	ASSISTANCE			onal information, hove eld for detailed guidar		C	Control Number:	
ION ONE: APPLICANT IN	IFORMATION								
Member Name: Last		First		M.I.	Separation Date	Rank	Compo	nent	Today's Date
Military Email Address		Civilian Email Address			Phone Number		Using P	ost-9/11 Benefits?	Duty Status
ION TWO: EDUCATIONAL	INSTITUTION / CED	TIEVING SCHOOL	OFFICIAL C	ONTACT					
Name of School / Institution		Address	OFFICIAL C	ONTACT	City		State	Zip Code	Phone
Educational Area of Study / Program									
		Degree Type Curr		nt GPA Remaining Credit H		Class Start Date		Class End Date	Member's Typed Init Signifying Review a
AGREEMENT SIGNIFIED BY application to the STA Officer impl							e Policy. Sub	omitting this	Certification
ION THREE: COURSE AN	ND TUITION INFORMA	ATION							
Course Number Course Title / [		Description Credit Hours		Cost per Hour or Certifica	r Total Fees	Clas	ss Cost	Paid By State Office Use Only	Paid By Member
1									
2									
2						_			
3									
3 4									
3 4 5 5 S									
3 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6									
3					DTALS:				
3	application to: FOR A	AIR GUARD: 151ar	w.sta@an			RD: ng.u	t.utarng.	list.education-of	fice@mail.mil
3				g.af.mil	FOR ARMY GUA			list.education-of	fice@mail.mil
3	ON ASSISTANCE ADI		KNOWLEDG	g.af.mil	FOR ARMY GUA	FFICE US		list.education-of	fice@mail.mil
3 4 5 6 7 8 Email completed a ION FOUR: STATE TUITI	ON ASSISTANCE ADI	MINISTRATION AC	KNOWLEDG	g.af.mil	FOR ARMY GUA	FFICE US	E ONLY)	list.education-of	fice@mail.mil
3 4 5 6 7 8 Email completed a ION FOUR: STATE TUITI	ON ASSISTANCE ADI	MINISTRATION AC	KNOWLEDO Signature	g.af.mil	FOR ARMY GUA	FFICE US	E ONLY)	list.education-of	fice@mail.mil
Email completed a  ION FOUR: STATE TUITI  Name of STA Verifying Of	ON ASSISTANCE ADI	MINISTRATION AC  Verifying Official	KNOWLEDO Signature	g.af.mil  GMENT & Al  iture	FOR ARMY GUA  PPROVAL (STA O  Contact Phone No	FFICE US umber umber	E ONLY)  Date	list.education-of	fice@mail.mil

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UTNG STA FORM-1 Effective 1 Jul 2015 Previous editions obsolete

ON FIVE: INSTITUTION	N ENDORSEMENT AND	VALIDATION (To be	completed upon co	ourse compl	etion)			
Member Name	,	,		Class Sta	rt Date	Class End	d Date	
alidation that the cours		form align with a degree stitution Endorsemen	ee plan or certificate	program and	have been completed	successfully. <i>The</i>	final, co	uition Assistance must sl ampleted, Utah National se completion. The
	urse completion, provide Iministration liaison, scho			o an authoriz	ed School Certifying C	Official (SCO). This	may be a	an academic advisor /
3) The School Certifying	GOfficial (SCO) will verify	the information below	(Degree Plan and C	ourse Grade	).			
a) The SCO will ann	otate whether the class v	was part of a degree pl	lan with a "Yes" or a '	'No" in the fie	eld adjacent to the spe	cific class.		
b) The SCO will ann	otate the course grade in	n the field adjacent to t	he specific class.					
,	g Official sign the form at	•	. •					
	'II (I ' /D	e 2) and return it to the	State Tuition Assists	ance manage	ers within 30 days of c	lass/course comple	etion.	
5) The Service Member	will scan this page (Page	e z j ana retain it to the	State Tuition Assist	arioo manage				
5) The Service Member  Educational Institution			Official (SCO) Name		SCO Phone Number	8		ail Address
					SCO Phone Number			ail Address
				e :	SCO Phone Number ertifying Official Note			
Educational Institution	Course Title /	School Certifying  Class Part of Degree Plan	Official (SCO) Name	e :				
Educational Institution Course Number	Course Title /	School Certifying  Class Part of Degree Plan	Official (SCO) Name	e :				
Educational Institution  Course Number	Course Title /	School Certifying  Class Part of Degree Plan	Official (SCO) Name	e :				
Educational Institution  Course Number	Course Title /	School Certifying  Class Part of Degree Plan	Official (SCO) Name	e :				
Course Number	Course Title /	School Certifying  Class Part of Degree Plan	Official (SCO) Name	e :				
Course Number	Course Title /	School Certifying  Class Part of Degree Plan	Official (SCO) Name	e :				STA OFFICE USE ONL
Course Number	Course Title /	School Certifying  Class Part of Degree Plan	Official (SCO) Name	e :				

## **SECTION SIX: INVOICE / BILLING INSTRUCTIONS**

Educational Institutions please send a copy of this form and an invoice to:

Utah National Guard, Attention: SMD

12953 South Minuteman Drive

**Draper, Utah 84020-9286** 

Email: ng.ut.utarng.list.om-mgrs-state-tuition-assistance@mail.mil

Educational Institutions can contact the Education Service Office at:

Billing / Invoice Inquiries: **801-432-4442** STA Program Inquiries: **801-432-4534**